

SERFF Tracking Number: AMER-128387013 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number:
Company Tracking Number: APPLICATION FOR SINGLE PREMIUM IMMEDIATE ANNUITY
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: Application for Single Premium Immediate Annuity
Project Name/Number: Application for Single Premium Immediate Annuity/AMER-128387013

Filing at a Glance

Company: Aviva Life and Annuity Company

Product Name: Application for Single Premium Immediate Annuity SERFF Tr Num: AMER-128387013 State: Arkansas

TOI: A07I Individual Annuities - Special

SERFF Status: Closed-Approved-Closed State Tr Num:

Sub-TOI: A07I.001 Equity Indexed

Co Tr Num: APPLICATION FOR SINGLE PREMIUM IMMEDIATE ANNUITY

State Status: Approved-Closed

Filing Type: Form

Authors: Jaime Gertsen, Susan Falk, Chris Cecak, Andrea Davey
Date Submitted: 05/22/2012

Reviewer(s): Linda Bird
Disposition Date: 05/24/2012
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application for Single Premium Immediate Annuity

Project Number: AMER-128387013

Requested Filing Mode:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/21/2012

Domicile Status Comments: Domicile is the state of Iowa

Explanation for Combination/Other:

Market Type: Individual

Submission Type: Resubmission

Previous Filing Number: AMER-128177068

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/24/2012

State Status Changed: 05/24/2012

Deemer Date:

Created By: Chris Cecak

Submitted By: Chris Cecak

Corresponding Filing Tracking Number:

Filing Description:

RE: Application: 18274 (5/12)

Enclosed for your review and approval is Form 18274 (5/12) – Single Premium Immediate Annuity Application. This

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application, form 18274 (5/12), will be utilized with our SPIA contract forms. The 18274 (5/12) has achieved a Flesch Reading Ease Test Score of 50.1. This application replaces form 55369 (2/12). The previous form was filed under SERFF Tracking # AMER-128177068 and approved on 3/26/2012.

The captioned filing contains no provision that is considered unusual or controversial by normal insurance company or industry standards. Please let me know if I may be of further assistance.

State Narrative:

Company and Contact

Filing Contact Information

Chris Cecak, Product Compliance Specialist chris.cecak@avivausa.com
 7700 Mills Civic Parkway 515-342-2975 [Phone]
 West Des Moines, IA 50266-3862

Filing Company Information

Aviva Life and Annuity Company	CoCode: 61689	State of Domicile: Iowa
555 South Kansas Avenue	Group Code: 44	Company Type: Insurance
Topeka, KS 66603	Group Name:	State ID Number:
(785) 295-4352 ext. [Phone]	FEIN Number: 42-0175020	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 application times \$50 = \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aviva Life and Annuity Company	\$50.00	05/22/2012	59333917

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/24/2012	05/24/2012

SERFF Tracking Number: *AMER-128387013* *State:* *Arkansas*
Filing Company: *Aviva Life and Annuity Company* *State Tracking Number:*
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TOI: *A071 Individual Annuities - Special* *Sub-TOI:* *A071.001 Equity Indexed*
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Disposition

Disposition Date: 05/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMER-128387013	State:	Arkansas
Filing Company:	Aviva Life and Annuity Company	State Tracking Number:	
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application for Single Premium Immediate Annuity		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	18724 (05/12)	Policy/Cont Application for Single Revised ract/Fratern Premium Immediate al Annuity Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		Replaced Form #: 55369 (02/12) Previous Filing #: AMER-128177068	50.100	18274 (5-12).pdf

Single Premium Immediate Annuity Application

[www.avivausa.com]

**Mail or fax completed form to:**

[P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 800 531 0038]

Aviva Life and Annuity Company

[7700 Mills Civic Parkway, West Des Moines, IA 50266-3862]

Contact us:

[Annuity Customer Contact Center – Tel: 888 266 8489]

Aviva Life and Annuity Company of New York

Home Office: [Melville, NY]

1. ANNUITANT

First Name (as to appear on contract)	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

2. JOINT ANNUITANT (If applicable)

First Name (as to appear on contract)	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

3. OWNER (If other than Annuitant)

First Name of Individual or Entity	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Annuitant(s)
Street Address		E-Mail Address	
City	State	Zip	Telephone Number

Note: If the proposed owner(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation will be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.



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4. JOINT OWNER (If other than Joint Annuitant. Not applicable to qualified contracts.)

First Name of Individual or Entity		Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security or Tax I.D. Number		<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Annuitant(s)
Street Address			E-Mail Address	
City		State	Zip	Telephone Number

5. FUNDING SOURCE

Premium Submitted with Application \$	Anticipated Premium from Transfer \$
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6. TAX QUALIFICATION

☐ Non-Qualified ☐ Qualified

7. REPLACEMENT

1. ☐ Yes ☐ No Do you have an existing life insurance policy or an existing annuity contract?
2. ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?

8. BENEFICIARIES/SUCCESSOR PAYEE

Unless otherwise specified, multiple surviving beneficiaries will share equally. If a beneficiary is not a natural person, include name and date of creation on the Beneficiary Name line. All beneficiaries must be living/existing at the time of application.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary	Beneficiary Name Social Security or Tax I.D. Number XXX-XX-	Relationship to Annuitant(s)	Birth Date (mm/dd/yyyy) / / %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary	Beneficiary Name Social Security or Tax I.D. Number XXX-XX-	Relationship to Annuitant(s)	Birth Date (mm/dd/yyyy) / / %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Tertiary	Beneficiary Name Social Security or Tax I.D. Number XXX-XX-	Relationship to Annuitant(s)	Birth Date (mm/dd/yyyy) / / %

- The sum of the percentages for Primary, Contingent, and Tertiary Beneficiaries, respectively, must total 100%.
- Contingent: A beneficiary who will receive the proceeds should the primary beneficiary die prior to the payment of any proceeds.
- Tertiary: A beneficiary who will receive the proceeds should the primary and contingent beneficiaries die prior to the payment of any proceeds.



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[9.] PAYOUT OPTIONS

A. Plan of payment (Not all options may be available.)

☐ Certain Period Only - number of years:

☐ Life with Certain Period: ☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years

☐ Joint and Survivor: ☐ 100% ☐ 2/3 ☐ 50% ☐ Certain Period Number of years

☐ Life Only

☐ Installment Refund

B. Mode of payment: ☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

C. Date of annuity payment: ☐ 1st of each month ☐ 15th of each month

D. Expected amount of payment: \$]

[10.] SPECIAL INSTRUCTIONS



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[12. TAXPAYER IDENTIFICATION]

Instructions (Section references are to the Internal Revenue Code.)

Payors must generally withhold a specified percentage of taxable interest, dividend, and certain other payments if you fail to furnish payors with the correct taxpayer identification number (this is referred to as backup withholding). For most individual taxpayers, the taxpayer identification number is the social security number.

To prevent backup withholding on these payments, be sure to notify payors of the correct taxpayer identification number and properly certify that you are not subject to backup withholding under Section 3406(a)(1)(C).

Use this area to certify that the taxpayer identification number you are giving the payor is correct and that you are not subject to backup withholding.

Backup Withholding - You are subject to backup withholding if:

- (1) You fail to furnish your taxpayer identification number to the payor; OR
- (2) The Internal Revenue Service (IRS) notifies the payor that you furnished an incorrect taxpayer identification number; OR
- (3) You are notified that you are subject to backup withholding [under Section 3406(a)(1)(C)]; OR
- (4) For an interest or dividend account opened after December 31, 1983, you fail to certify to the payor that you are not subject to backup withholding under (3) above, or fail to certify your taxpayer identification number.

Payees Exempt From Backup Withholding - Certain payees, such as corporations, government agencies, etc. may be exempt from backup withholding.

What Number to Give the Payor - Give the social security number or employer identification number of the record owner of the account. If the account belongs to you as an individual, give your social security number. If the account is owned by a corporation, give the employer identification number of the corporation.

Obtaining a Number - If you don't have a taxpayer identification number or you don't know your number, obtain Form **SS-5**, Application for a Social Security Number Card, or Form **SS-4**, Application for Employer Identification Number, at the local office of the Social Security Administration or the Internal Revenue Service and apply for a number. Write "applied for" in place of your number. When you get a number, submit a new Form W-9 to the payor.]

[13.] AGREEMENTS AND SIGNATURES

The owners agree to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
2. The effective date of the contract will be the contract date set by Aviva Life and Annuity Company.
3. No producer or person other than the President or Secretary of Aviva Life and Annuity Company has the authority to change or modify the contract or waive any of its provisions.

Under penalties of perjury, I certify that (1) the social security or federal tax identification number shown on page 1 or page 2, if applicable, of this application for me as the owner of this contract is my correct taxpayer identification number, AND (2) I am a U.S. person (including a U.S. resident alien), AND (3) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. NOTE: You must cross out item 3 in the above certification if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

According to the Tax Equity and Fiscal Responsibility Act of 1982, Federal law requires that we deduct withholding taxes on any taxable portion of the payment(s) you will be receiving, UNLESS YOU ELECT NOT TO HAVE TAXES WITHHELD. If you elect not to have taxes withheld, you may be responsible for payment of estimated taxes.

PLEASE INDICATE ONE:

- ☐ **DO NOT WITHHOLD FEDERAL INCOME TAX** from my annuity payments. I wish to handle any tax payment in another manner.
- ☐ Please withhold federal income tax from my annuity payments.



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All states: Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit, or knowingly presents materially false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, depending on state law.

Payment must be made payable to Aviva Life and Annuity Company.

Signed at City	State	on Date
Annuitant Signature	Joint Annuitant Signature (if applicable)	
X	X	
Owner Signature (if other than Annuitant)	Joint Owner Signature (if applicable)	
X	X	

[14.] PRODUCER USE ONLY

1. ☐ Yes ☐ No Does the applicant have an existing life insurance policy or an existing annuity contract?
2. ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?
- (If yes to either question, and if required by state regulation, replacement forms must accompany this application.)

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only Aviva Life and Annuity Company approved sales materials were used and that copies of such materials were 1) left with the client and 2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises about the future expected values of the contract.

Producer Signature	Producer Name (print please)
Producer Number	Producer Phone Number and/or email address

Complete the following section for any split producers and indicate the split percentages.

Producer Name	Producer Number	Split %

100%



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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Score Certification - 18274 (5-12).pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: NA Comments:		

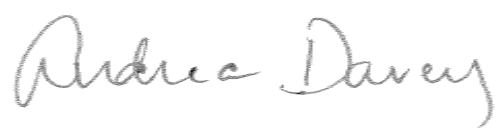
	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: NA Comments:		

Aviva Life and Annuity Company

READABILITY CERTIFICATION

I hereby certify to the accuracy of the Flesch reading ease test score for the following application form.
The form is at least 10 (ten) point type, 2 (two) point leaded.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESH SCORE</u>
SPIA Application (5/12)	18274 (5/12)	50.1



Andrea Davey
Product Compliance Analyst
Aviva Life and Annuity Company
March 18, 2012